

**WASHOE COUNTY SCHOOL DISTRICT
TIME AND ATTENDANCE REPORT**

CERTIFIED/ADMIN.

** Type, Print or Affix Label **

Location/Location #
Employee Name/Employee I.D. #
Position Description
Position Code/FT or PT/Pay Class
Pay Period

			E000		
#REF!	through	#REF!			

Record "Leave" Information Only on Certified/Admin. Timesheets:

	(1)		(2)			(3)		(4)			
Date	Full (1) Half (.5) Day	Absence Hour Code	Full (1) Half (.5) Day	Absence Hour Code	Optional Notes	Date	Full (1) Half (.5) Day	Absence Hour Code	Full (1) Half (.5) Day	Absence Hour Code	Optional Notes
1						16					
2						17					
3						18					
4						19					
5						20					
6						21					
7						22					
8						23					
9						24					
10						25					
11						26					
12						27					
13						28					
14						29					
15						30					
						31					
Totals	0.00		0.00				0.00		0.00		

Grand Total Full/Half Days This Period (Columns (1)+(2)+(3)+(4))

0.00

Approvals:

Prepared By

Notes:

Administrative Approval

Employee Signature

Required Only If A Deduction From Pay is Made